

RUN/WALK FOR YOUR LIFE PROGRAM - ENTRY REQUEST

For use of this form see USMEPCOM Reg 350-1

INSTRUCTIONS: Completed by the participant and submitted to the commander for approval prior to beginning program.
Annotate progress on USMEPCOM Form 350-1-2-R-E.

To:	From:	Date:
-----	-------	-------

1. Request entry in the USMEPCOM Run For Your Life Program.

☐

I have participated in another command's Run/Walk For Your Life Program. Documentation for the accumulation of miles is enclosed.

☐

I have not participated in another command's Run/Walk For Your Life Program.

2. To the best of my knowledge, I am in good health. (Check statement below, if applicable.)

☐

I am over 40 years of age and have obtained a doctor's clearance prior to enrollment.

3. (Civilian Personnel Only) I release USMEPCOM and the U.S. Government from liability for any injuries or damages which I may incur or which arise from my participation in this program.

Typed Name/Rank of Participant	Signature of Participant	Date
--------------------------------	--------------------------	------